|   |  |   |                         |                        |           |                  |         |              | Application or Docket Number |           |                  |                        |  |  |
|---|--|---|-------------------------|------------------------|-----------|------------------|---------|--------------|------------------------------|-----------|------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Éffective October 1, 2003  |  |   |                         |                        |           |                  |         |              | 10/8/01/3                    |           |                  |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                         |                        |           |                  |         |              | SMALL ENTITY                 |           |                  | OTHER THAN             |  |  |
| TOTAL CLAIMS  |  |   | 14                      |                        |           |                  |         | RATE F       |                              | 7         | RATE             | FEE                    |  |  |
| ,   | OR   | NUMBER FILED                              |                         |                        | BER EXTRA | 1                | BASIC F | EE 385.0     | o                            | BASIC FEE | 770.00           |                        |  |  |
| [   | TOTAL CHARGE   | 14 "                                      | ninus 20•               | •                      | •         | 1                | XS 9=   | , .          |                              | XS18=     |                  |                        |  |  |
| IN  | DEPENDENT  | 3 minus 3 =                               |                         |                        | <u></u>   | X43=             |         | <del> </del> | ٦.                           |           |                  |                        |  |  |
| ~   | IULTIPLE DEPE  | ENDENT CLAIM F                            | RESENT                  |                        |           |                  |         | +145=        |                              | OF<br>OF  |                  |                        |  |  |
| •   | • If the difference in column 1 is less than zero, enter "O" in column 2 |   |                         |                        |           |                  |         | TOTAL        | 385                          | To.       |                  | -                      |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                         |                        |           |                  |         |              | 400                          |           | OTHER            | THAN                   |  |  |
| _   | <u>.                                    </u>                             | 1 _                                       | SMALI                   | LENTITY                | _OR       |                  |         |              |                              |           |                  |                        |  |  |
| AMENDINENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HOGH<br>NUME<br>PREVIO | BER       | PRESENT<br>EXTRA |         | RATE         | ADDI-<br>TIONA<br>FEE        |           | RATE             | ADDI-<br>TIONAL<br>FEE |  |  |
| ğ   | Total  | . 14                                      | Minus                   | - 2                    | Ó         | • `              | ] [     | X\$ 9=       |                              | OR        | X\$18=           |                        |  |  |
| SME.  | Independent  | 1. 3                                      | Mirus                   | - 3                    | 3         |                  | ]       | X43=         |                              | OR        | X86=             |                        |  |  |
|   | FIRST PAES   | ENTATION OF M                             | ILTIPLE DEPENDENT CLAIM |                        |           | J                |         | +            | 7                            |           |                  |                        |  |  |
|   |  |   |                         |                        |           |                  |         | +145=        | ļ                            | OR        | +290=<br>. YOYAL |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                         |                        |           |                  |         | DOIT. FEI    |                              | JOR.      | ADDIT, FEE       |                        |  |  |
|   | CLAIMS   HIGHEST   |   |                         |                        |           |                  |         |              | ADDI-                        | 7         |                  | 400                    |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                         | PREVIOUS PAID F        | USLY      | PRESENT<br>EXTRA |         | RATE         | TIONAL                       |           | RATE             | ADDI-<br>TIONAL<br>FEE |  |  |
| ZOZ   | Total  | . 14                                      | Minus                   | - 19                   | <i>[</i>  | •                | lſ      | X\$ 9=       |                              | OR        | 1C\$18a          |                        |  |  |
| ¥   | Independent  | • 3                                       | Minus                   | - 3                    |           | -                | ]       | X43• ·       |                              | OR        | X86=             |                        |  |  |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                         |                        |           |                  |         |              |                              | OA        | +290=            |                        |  |  |
|   | al last  |   |                         |                        |           |                  |         |              |                              | OR.       | TOTAL            | 7                      |  |  |
| `   |  | (Column 1)                                |                         | (Catum                 | n 2)      | (Column 3)       |         | ONT. FEE     |                              |           | · ·              | •                      |  |  |
| ပ   | • • - /  | CLAIMS<br>REMAINING                       | •                       | HUMBE                  |           | PRESENT          | -       |              | ADDI-                        | 1         | <del>- i</del>   | ADDI-                  |  |  |
| AMENDMENT   |  | APTER<br>AMENDMENT                        |                         | PREVIOU<br>PAID FO     | SLY       | EXTRA            |         | RATE         | TIONAL<br>FEE                |           | RATE             | TIONAL                 |  |  |
|   | Total  | . 14                                      | Minus                   | -14                    | -         | . /              |         | X\$ 9=       |                              |           | X\$18=           | FEE                    |  |  |
|   | Independent  |   | Minus                   |                        | <u>\</u>  | - /              | H       |              |                              | OR        |                  |                        |  |  |
|   | FIRST PRESE  | -   | X43a                    |                        | OR        | X86=             |         |              |                              |           |                  |                        |  |  |
| • If the eathy in column 1 is less than the eathy in column 2, write 'V' in bosums 3.                                       |  |   |                         |                        |           |                  |         |              |                              |           |                  |                        |  |  |
| "If the Trighest Number Previously Paid For' IN THOS SPACE is less than 20, enter 720."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |  |   |                         |                        |           |                  |         |              |                              |           |                  |                        |  |  |
|   | he Yoghest Humi  | ber Previously Paid                       | For (Total or           | Independent            | to the    | ighest number    | found   | in the app   | Nopriete da                  | in cot    | one 1.           | ·                      |  |  |
| -   | PTO-073 (9 10)   |   |                         |                        |           |                  |         |              |                              |           | •                |                        |  |  |